

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

163-033624

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8743

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 6 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

4058 Delmar Ave

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY  
OR  
TOWN

St Louis

d. STREET  
ADDRESS

4058 Delmar

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

George Fleming

4. DATE  
OF  
DEATH

Month 8 Day 27 Year 63

5. SEX

M

6. COLOR OR RACE

C

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-26 37

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

6 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

LABORER

11. BIRTHPLACE (City and state or country)

Nashville

12. CITIZEN OF WHAT COUNTRY

TENN

13a. FATHER'S NAME

George Fleming

13b. MOTHER'S MAIDEN NAME

ANNIE P

14. NAME OF HUSBAND OR WIFE

ERMA Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

ERMA Fleming W Belle

Address 4021

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

Massive intra-Thoracic Hemorrhage. Contributing  
penetrating gunshot wound of heart, suffered when shot  
with gun in hands of one Gertrude Casey Carrington on  
August 27th, 1963 at about 1:50 A.M at 4058 Delmar.  
Whether homicidal or accidental could not be determine.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

OPEN VERDICT

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above

20c. TIME OF  
INJURY

Hour 1:50

Month, Day, Year

8-27-63

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

21. I attended the deceased from

2:25 A

and last saw her

him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul Simon

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

8/29/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

8-31-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Nashville

(State)

TENN

24. FUNERAL DIRECTOR

ADDRESS

WATSON

207 Steward

25. DATE RECD. BY LOCAL REG.

AUG 29 1963

26. REGISTRAR'S SIGNATURE

Neal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*1123 N. Taylor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.